

# **DIVISION of ENERGY EMPLOYEES' OCCUPATIONAL ILLNESS COMPENSATION NEW ICD-10 EDITS**

**Edit 239 EOB:** ICD-9 diagnosis codes can only be billed for dates prior to 10/1/2015.

**Applies To:** OWCP/CMS 1500, Dental, and UB-04 Bills

## **OWCP/CMS 1500 and Outpatient UB-04 or the J430D Dental Form**

### **Scenario 1: Bill denied**

- Your bill denied because it contained an ICD-9 diagnosis code, but the date of service or coverage through date is after 9/30/2015.

#### **Provider Action:**

- Please resubmit your bill with the proper ICD-10 diagnosis code.

### **Scenario 2: Partial Payment**

- Line items on your bill denied because it contained an ICD-9 diagnosis code, but the date of service is after 9/30/15.

#### **Provider Action:**

- Please resubmit your bill with the proper ICD-10 diagnosis code
- When you submit your bill for adjustment, please reference the original TCN on the bill.

**Edit 240 EOB:** ICD-10 diagnosis codes can only be billed for dates on or after 10/1/2015.

**Applies To:** OWCP/CMS 1500, Dental, and UB-04 Bills

## **OWCP/CMS 1500, Outpatient UB-04 or the J430D Dental Form**

### **Scenario 1: Bill denied**

- Your bill denied because it contained an ICD-10 diagnosis code, but the date of service or coverage through date is before 10/1/2015.

#### **Provider Action:**

- Please resubmit your bill with the proper ICD-9 diagnosis code.

### **Scenario 2: Partial Payment**

- Line items on your bill denied because it contained an ICD-10 diagnosis code but the date of service is before 10/1/2015.

#### **Provider Action:**

- Please resubmit your bill with the proper ICD-9 diagnosis code.
- When you submit your bill for adjustment, please reference the original TCN on the bill.

Scenario 3:

- Your bill denied because the coverage through date is before 10/1/2015, and your bill contained an ICD-10 diagnosis code.

Provider Action:

- Please resubmit your bill with the proper ICD-9 diagnosis codes.

**Edit 241 EOB:** ICD-9 and ICD-10 diagnosis codes cannot be submitted on the same bill.

**Applies To:** OWCP/CMS 1500 Dental, and UB-04 Bills

**OWCP/CMS 1500, Outpatient UB-04 or the J430D Dental Form**

Scenario: Bill denied

- Your bill denied because it contained both ICD -9 & ICD-10 diagnosis codes.
- In order for your bill to be considered for payment it must be split.

Provider Action:

- For dates of service or coverage through dates that are prior to 10/1/2015, you must submit a bill with only ICD-9 diagnosis codes.
- For dates of service or coverage through dates that are on or after 10/1/2015, you must submit a bill with only ICD-10 diagnosis codes.
- Please resubmit your bill with the proper ICD-9 or ICD-10 diagnosis codes based on your billed dates of service or your coverage through date.

**Inpatient UB-04**

Scenario: Bill denied

- Your bill denied because it contained ICD -9 & ICD-10 diagnosis codes.
- If the coverage through date is before 10/1/2015, ICD-9 diagnosis codes are required.
- If the coverage through date is on or after 10/1/2015, ICD-10 diagnosis codes are required.

Provider Action:

- Please resubmit your bill with the proper ICD-diagnosis codes.

**Edit 242 EOB:** ICD-10 diagnosis codes cannot be submitted before 10/1/2015.

**Applies To:** OWCP/CMS 1500, Dental, and UB-04 Bills

**OWCP/CMS 1500, Outpatient UB-04 or the J430D Dental Form**

**Scenario 1: Bill denied**

- Your bill denied because it contained an ICD-10 diagnosis code, but the date of service or coverage through date is before 10/1/2015.
- An ICD-10 diagnosis code cannot be billed with a date of service or coverage through date that is prior to 10/1/2015.
- If your date of service is prior to 10/1/2015, an ICD-9 code must be used.

**Provider Action:**

- Please resubmit your bill with the proper ICD-9 diagnosis code.

**Scenario 2: Partial Payment**

- Line items on your bill denied because it contained an ICD-10 diagnosis code, but the date of service or coverage through date is before 10/1/2015.
- An ICD-10 diagnosis code cannot be billed with a date of service or coverage through date that is prior to 10/1/2015.
- If your date of service or coverage through date is prior to 10/1/2015, an ICD-9 code must be used.

**Provider Action:**

- Please resubmit your bill with the proper ICD-9 diagnosis code.
- When you submit your bill for adjustment, please reference the original TCN on the bill.

**Inpatient UB-04**

**Scenario:**

- Your bill denied because the coverage through date is before 10/1/2015, and your bill contained ICD-10 diagnosis codes.
- An ICD-10 diagnosis code cannot be billed with a coverage through date that is prior to 10/1/2015.
- If your coverage through date is prior to 10/1/2015, an ICD-9 diagnosis codes must be used.

**Provider Action:**

- Please resubmit your bill with the proper ICD-9 diagnosis code.

**Edit 243 EOB:** ICD-9 surgical procedure codes can only be billed for coverage dates prior to 10/1/2015.

**Applies To:** UB-04

**UB-04 Outpatient**

Scenario: Bill denied

- Your bill denied because it contained an ICD-9 surgical procedure code, but your coverage through date is after 9/30/2015.
- If your coverage through date is on or after 10/1/2015, an ICD-10 surgical procedure code must be used.

Provider Action:

- Please resubmit your bill with the proper ICD-10 surgical procedure code.

**UB-04 Inpatient**

Scenario: Bill denied

- Your bill denied because it contained an ICD-9 surgical procedure code, but your coverage through date is after 9/30/2015.
- If your coverage through date is on or after 10/1/2015, an ICD-10 surgical procedure codes must be used.

Provider Action:

- Please resubmit your bill with the proper ICD-10 surgical procedure code.

**Edit 244 EOB:** ICD-10 surgical procedure codes can only be billed for a coverage through date that is on or after 10/1/2015.

**Applies To:** UB-04

**UB-04 Outpatient**

Scenario: Bill denied

- Your bill denied because it contained an ICD-10 surgical procedure code, but your coverage through date is before 10/1/2015.
- An ICD-10 surgical procedure code cannot be billed prior to 10/1/2015.
- If your coverage through date is prior to 10/1/2015, an ICD-9 surgical procedure code must be used.

Provider Action:

- Please resubmit your bill with the proper ICD-9 surgical procedure code.

#### **UB-04 Inpatient**

Scenario: Bill denied

- Your bill denied because it contained an ICD-10 surgical procedure code, but your coverage through date is before 10/1/2015.
- If your coverage through date is prior to 10/1/2015, an ICD-9 surgical procedure code must be used.

Provider Action:

- Please resubmit your bill with the proper ICD-9 surgical procedure code.

**Edit 245 EOB:** ICD-9 and ICD-10 surgical procedure codes cannot be submitted on the same bill.

**Applies to:** UB-04

#### **UB-04 Outpatient**

Scenario: Bill denied

- Your bill denied because it contained both ICD -9 & ICD-10 surgical procedure codes.
- In order for your bill to be considered for payment it must be split.
- If your coverage through date is prior to 10/1/2015, you must submit that bill with only ICD-9 surgical procedure codes.
- If your coverage through date is on or after 10/1/2015, you must submit that bill with only ICD-10 surgical procedure codes.

Provider Action:

- Please resubmit your bill with the proper ICD-9 or ICD-10 surgical procedure code based on your billed coverage through date.

#### **UB-04 Inpatient**

Scenario: Bill denied

- Your bill denied because it contained both an ICD-9 & ICD-10 surgical procedure code.
- If your coverage through date is prior to 10/1/2015, an ICD-9 surgical procedure code must be used.
- If your coverage through date is on or after 10/1/2015, an ICD-10 surgical procedure code must be used.

Provider Action:

- Please resubmit your bill with the proper ICD- surgical procedure code(s).

**Edit 252 EOB:** ICD-10 surgical procedure codes cannot be submitted before 10/1/2015.

**Applies To:** UB-04

**Outpatient UB-04**

Scenario: Bill denied

- Your bill denied because it contained an ICD-10 surgical procedure code but the coverage through date is before 10/1/2015.
- An ICD-10 surgical procedure code cannot be billed with a coverage through date that is prior to 10/1/2015.
- If your coverage through date is prior to 10/1/2015, an ICD-9 surgical procedure codes must be used.

Provider Action:

- Please resubmit your bill with the proper ICD-9 surgical procedure code.

**Inpatient UB-04**

Scenario: Bill denied

- Your bill denied because the coverage through date is before 10/1/2015, and your bill contained ICD-10 surgical procedure codes.
- An ICD-10 surgical procedure code cannot be billed with a coverage through date that is prior to 10/1/2015.
- If your coverage through date is prior to 10/1/2015, an ICD-9 surgical procedure codes must be used.

Provider Action:

- Please resubmit your bill with the proper ICD-9 surgical procedure codes.

**Edit 739 EOB:** ICD Indicator version mismatch. The ICD Indicator submitted on the bill is not appropriate for the billed diagnosis code.

**Applies To:** OWCP/1500, Dental, and UB-04 Bills

**OWCP/CMS 1500 and Dental Bills**

Scenario 1: Bill denied

- You submitted a bill with an ICD indicator that is incorrect for the billed diagnosis code.

Provider Action:

- Please resubmit your bill with the correct ICD indicator or correct the billed diagnosis code.

Scenario 2: Partial Payment

- Line items on your bill denied because you submitted an ICD indicator that is incorrect for the billed diagnosis code.

Provider Action:

- Please resubmit your bill with the correct ICD indicator or correct the billed diagnosis code
- When you submit your bill for adjustment, please reference the original TCN on the bill.

**Inpatient/Outpatient UB-04**

Scenario 1: Bill denied

- You submitted a bill with an ICD indicator that is incorrect for one or more of the billed diagnosis codes
- If your ICD indicator in box 66 is “0” indicating “ICD-10”, then your diagnosis codes cannot be an ICD-9.
- If your ICD indicator in box 66 is “9” indicating “ICD-9”, then your diagnosis codes cannot be an ICD-10.

Provider Action:

- Please resubmit your bill with the correct ICD indicator or correct the billed diagnosis code.

**Edit 852 EOB:** This bill was identified as part of a bill that was split due to the ICD-10 transition. A review determined the bill was not split correctly.

**Applies To:** UB-04

**Inpatient/Outpatient UB-04**

Scenario: Bill denied

- Your bill denied because it was identified as part of a bill that was split due to the ICD-10 transition. A review determined the bill was not split correctly.

Provider Action:

- Please ensure your charges align with your coverage dates and resubmit your bill.